



## 2017 ORGANIZATION INFORMATION FORM

Organization Name: \_\_\_\_\_ Web Address: \_\_\_\_\_

Org. Mailing Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list the one or two individuals who will be authorized to submit facility requests during the year

NAME	PHONE	EMAIL

Sport/Activity Type: \_\_\_\_\_

Governing Body Affiliations (ASA, USSSA, All World, US Soccer, etc): \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Expiration Date of Current Policy: \_\_\_\_\_

**NOTE:** In order to determine or verify the resident status of your organization, your organization may be asked, at any time, to provide such documentation requested by the City, including rosters, player addresses, picture ID, utility bill, etc.

### Board Member Information

Title	Name	Phone
President		
Vice President		
Secretary		
Treasurer		